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THE SUBCOMMITTEE ON
HEALTH HOUSE VETERANS'
AFFAIRS COMMITTEE

STATEMENT OF

LIEUTENANT CHARLES E. HODGES

CHAPLAIN CORPS

UNITED STATES NAVAL RESERVE

MARINE CORPS RECRUIT DEPOT

PARRIS ISLAND SOUTH CAROLINA

BEFORE THE

SUBCOMMITTEE ON HEALTH

HOUSE VETERANS' AFFAIRS COMMITTEE

CONCERNING

POST TRAUMATIC STRESS DISOSRDER AND OTHER MENTAL HEALTH PROBLEMS FROM THE RIGOR OF A COMABT OR HARDSHIP DEPLOYMENT

ON

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Chairman Simmons, Congressman Rodriguez, and distinguished Members of the Subcommittee:

This statement will focus on the need for military chaplains to be involved in addressing post traumatic stress disorder (PTSD) in veterans returning from combat. A recent professional experience will help introduce the issue. After this anecdote, the logic for chaplain presence and involvement will be presented. It will be followed by a discussion of the basic psychology that contributes to PTSD in a battle field setting; examples of the aftermath of a deployment in which PTSD issues were not addressed contrasted against a deployment in which PTSD issues were addressed; and finally, possible strategies for the ways chaplain involvement can lessen the incidence of PTSD in combat veterans.

Several Marines and Sailors returning from Operation Iraqi Freedom have received new orders to Marine Corps Recruit Depot Parris Island. Each of these people had different experiences in Iraq, saw different aspects of the war, and reacted to it in different ways. One Marine who was part of the push north to Baghdad in western Iraq, returned home and began to experience nightmares, cold sweats, emotional (although not hallucinatory) mood flashbacks, and a feeling of distance from his family. The chaplain of his battalion, aware of my experiences in Afghanistan and Iraq, and my training and professional experience with pastoral care issues and PTSD, referred the Marine to me for counseling.

Pastoral communication between military chaplains and eligible employees of the Department of Defense is considered privileged; however, he gave me permission to share his story if I ever found it useful in the Core Value classes I teach to Marine recruits, or in other appropriate settings. He only asked that I not reveal his name or rank.

In counseling situations such as the one with this Marine, I usually allow the individual to guide the conversation. But in the course of the conversation, I am sometimes able to identify and point out possible issues of which the Marine or Sailor may not be totally aware, but which may be contributing to their problems. In this case, the Marine had been reluctant to talk in depth to anyone about the things he saw and experienced in the push north to Baghdad. He felt ashamed because he believed his symptoms were the result of some personal deficiency. I am not certain when his symptoms first appeared, but I had the impression from our conversation that he was immediately bothered by his experiences, carried that burden with him throughout the war, and suffered from increased symptoms when he was reunited with his family.

I told the Marine about some of the minor PTSD issues I sometimes deal with in my own life after serving in Afghanistan and Iraq. These include an increased startle reflex, and a strong reaction to weapons fire on the rifle range – when I hear a sudden volley of rifle fire, I jump and sometimes find myself looking at the ground to check for tire tracks or foot prints to indicate those areas where I can walk without fear of stepping on a land mine.

Suddenly my Marine seemed engaged. He told me how one of his recent responsibilities had also taken him out to the rifle range, and after arriving on the range, the first volley made him jump, and for a split second, he thought he was back in Iraq and needed to find a secure place in which to take cover. From there, he started opening up and sharing things with me that he had not told to anyone else.

His first disturbing experience was when he saw the body of a dead enemy combatant. Based on the condition of the corpse, it was obvious that the person had been dead for several days. When he and the Marines he was with first discovered the body, there was some discussion about taking pictures next to the body, taking souvenirs, etc. But after being reminded of the laws of war, the Geneva Conventions, orders from higher headquarters, and instruction they had received during their training, the Marines realized the body should be left alone. Still, it bothered my Marine that others would even consider such activities.

This prompted me to share a similar experience of some of my Marines in Afghanistan. In the Khost region of northern Afghanistan, they had discovered fresh graves that had been disturbed and opened. Investigation revealed that the graves contained the bodies of children who appeared to have died from natural causes. The images of these innocent children were haunting several of my Marines and they needed someone to talk to in order to process the event.

I explained to my Marine in the office that he and my Marines in Afghanistan had all been suddenly confronted with their own mortality when they encountered the bodies of other people. That struggle with personal mortality sometimes motivates some people to consider desecrating a grave or making sport of a corpse – on the deepest levels of their psyche, they cannot accept the possibility of their own non-existence in death, and thus, they play with death in an attempt to convince themselves that death has no power over them, that it cannot touch them. Unfortunately for people who engage in this behavior, the memory of their actions may return later in life to haunt their conscience. Had they had some help in recognizing their own mortality, they may have avoided both the behavior and the later guilt.

By sharing my experiences, the death and the horror I saw, and the death and the horror that other Marines and Sailors experienced, I was able to gain the trust of the Marine in my office that day. I was able to assure him that what he was going through was normal. I taught him techniques that would help reduce some PTSD symptoms, and perhaps totally eliminate others. I also offered suggestions on how he could help his wife better support him as he continued to recover and grow from his experiences in Iraq.

About five weeks later, after the holiday season, we met again. He reported that his nightmares had almost completely ceased. The information I had shared with him about the psychology of processing unresolved emotions through dreams helped him address these issues while awake, improving his sleep. He was feeling closer to his family and was able to enjoy the holiday season with them. Now that he was happier, his wife seemed happier.

This story illustrates how shame, uncertainty, and a feeling of unique isolation can aggravate PTSD issues. But seeking out a chaplain is often the first step towards recovery. Because military law considers conversation with a chaplain to be privileged, service members see chaplains as a safe resource for help. The chaplain can serve as a reality check and a source of unbiased information. And if the chaplain is properly trained, the chaplain can either offer initial help in overcoming PTSD, or if the symptoms persist , recognize the need for referral to qualified medical professionals for specific treatment for PTSD.

In addition, service members suffering from PTSD may seek out their unit chaplain because they have already developed a relationship of trust, borne out of the shared discomfort, misery, boredom and terror of deployment. The chaplain was there with them as they risked their lives in dangerous situations. The chaplain's unique position of trust, confidentiality, and accessibility helps ensure that feelings of shame or fear of exposure will not cause the service member to delay seeking help. Now, more than ever in the history of warfare, the presence of a chaplain is critical to the emotional and mental health of service members in deployment situations.

War has developed into a twenty-four-hour-a-day, seven-day-a-week activity. During the Civil War, combat ceased at sundown when soldiers returned to their camps and sat around the fire to recall the day's events with each other. But with the advent of advanced weaponry, combat can now be conducted at any time and any place. In the past, the threat came primarily from explosives hurling lead, iron, and steel. Today, the stressors are more difficult to identify

as combatants deal with the threat of unseen nuclear, biological, and chemical (NBC) weapons, protective head-to-toe suits necessary to defend oneself from bio-chemical attack, suicide bombers, dirty bombs, and asymmetrical warfare on a scale never before seen in history. While past generations dealt with longer separations from home in difficult conditions, the total stress is greater today when one takes into consideration all the strange and terrifying unknowns. And because the stress is constant, there is insufficient time to process it as combatants did in past generations. To help our service members avoid PTSD, certain mechanisms have been established, based on the following psychology.

When we look at the psychology of how rapid eye movement (REM) sleep transfers experiences from short-term to long-term memory, we are better able to understand why immediate processing of the trauma of warfare is necessary to prevent PTSD. The hippocampus of the brain works like a librarian who picks up the note cards of a card catalog that has been dumped on the floor. Each note card is the memory of an event of the previous day. During REM sleep, the hippocampus organizes these memories and transfers them to long-term memory. If traumatic events of the previous day are left unaddressed and unresolved, disturbing emotions are transferred from short-term to long-term memory. But if the trauma is addressed and properly processed, the resolved emotions and stability are instead transferred to long-term memory, reducing the possibility of later PTSD.

In order to ensure that this happens, certain things must be accomplished as soon as possible after a traumatic event, once the battlefield security of the unit can be assured. Strenuous physical activity can help by adjusting the neurochemistry of the brain, and by simply working out some of the stress of the day. Most important is Critical Incident Stress Debriefing (CISD) within small groups of trusted peers, guided by a trusted leader, following a format that is proven to diminish the effects of the trauma of combat or disaster situations. This setting is similar to the civil war campfires around which soldiers processed the day's events. Today, one trusted leader, due to the nature of the office, is the military chaplain who serves with the combatants on deployment and is with them in combat.

Comparing my return from Afghanistan with Battalion Landing Team 3/6 (BLT 3/6) to my return from Iraq with 2d Assault Amphibian Battalion (2dAABN) will help illustrate how effective CISD with chaplains and other mental health professionals in the field can help reduce the incidence of PTSD in combat veterans.

Due to limited transportation assets, BLT 3/6 returned from Afghanistan to their ships in the Indian Ocean over a period of about two weeks. For several weeks the ships of the amphibious readiness group remained in the area in the event they were needed for further operations. When we received the order to return to the United States, circumstances prevented us from arriving home until three months after our retrograde from Afghanistan.

That time was spent in extremely uncomfortable conditions, with people becoming irritable as they lived on top of each other, with little or no private time. This environment did not promote trusted, introspective, shared reflection of the trauma of combat; instead it encouraged conflict among those already traumatized by difficulties ashore and afloat. Unfortunately, this chaplain was not as educated and trained as I am today, nor were other chaplains, and CISD and PTSD prevention was not accomplished on the float home. Partially as a result, I responded to more PTSD issues among those who were in Afghanistan than I did among those who were later in Iraq, despite the fact that in Iraq we suffered more casualties, several fatalities, and worse living conditions.

In Iraq, after 2dAABN, in support of 1st Marine Division, reached Baghdad, we were soon ordered to move south to a city closer to the Kuwaiti border. We remained at that city for several weeks, waiting for our turn to move to Kuwait for one of the limited flights out of the area. Marines and Sailors were free to move about when they were not on duty. Although they were restricted from going beyond a certain distance or into areas suspected to be unsafe, they were not as confined as they would have been aboard a ship. They were also free to relax whenever they had completed their appointed duties. Since the area was considered safe and the threat of NBC attack highly improbable, the greatest stress was waiting for the next mail shipment. Marines and Sailors had time to share their experiences when they were comfortable doing so.

When we received word that we would soon be moving south to Kuwait for flights home to the United States, I began developing a PTSD class to be presented to all hands before we left our last position in Iraq. Over a three-day period, all Marines and Sailors received basic instruction on the psychology of PTSD presented earlier in this testimony, and were given guidelines on how they and their fellow Marines could practice CISD, focusing on the main points necessary to reduce the incidence of PTSD.

Despite the fact that 2dAABN was flown from Kuwait to the United States in less than twenty-four hours, and before that endured worse conditions than BLT 3/6 in Afghanistan, I ministered to fewer post deployment issues than I did after Afghanistan. While this is non-scientific, anecdotal evidence, and other variables were undoubtedly at work, it does suggest that the presence of a trusted chaplain assisting with PTSD prevention through CISD could help reduce the incidence of PTSD after deployment.

In my present assignment at Parris Island, I have come to believe that if time and resources permit, effective prevention of PTSD should begin in basic training. In classes presented to recruits near the end of their training, they would be introduced to the basic psychology behind the development of PTSD, and how the stress of deployment and the horrors of war can contribute to it. They would also be given the tools they will need to mitigate the effects of the emotional trauma that comes with war. It is unfortunate that much of our society has sheltered its children from the reality of life and death. Helping recruits recognize that life includes death, and that everyone eventually dies, may help recruits with the day they are finally confronted with their own mortality, and help them work through the trauma of violent death, whether it occurs on the battlefield or due to accidents or disasters.

Psychology has helped us better understand how the human mind works. It is not the black magic of a wizard – although Marines frequently joke that it is, hinting at their reluctance to consult with a psychologist or psychiatrist out of fear it could affect their military career. On the other hand, the military chaplain, especially one who was with the unit as they went into battle, is viewed as a trusted, confidential, and accessible resource. His office, in garrison, or under a tree or shelter-half in the field, is considered a sanctuary for ministry to troubled minds, hearts, and souls. When issues are presented that could mutate into PTSD, the chaplain can be a safe resource and asset in helping the troubled service member. And if the chaplain recognizes that the service member needs professional help beyond the skill level of the chaplain, the service member's trust in the chaplain will help overcome the denial, resistance, and shame that might otherwise prevent the service member from seeking necessary assistance .

Approaching it from a purely accounting perspective, the chaplain's assistance with PTSD issues will result in less time and money spent on fixing a "wounded " service member, and prevents the loss of a necessary member of the team. From a more humane perspective,

early diagnosis means a life may be salvaged. In addition, friends, family, the unit, and our society are also saved from the tragic effects of PTSD.